

# Exhibit C

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
VICTORIA DIVISION**

STATE OF TEXAS, <i>et al</i>	)	
	)	
<i>Plaintiffs,</i>	)	
	)	
v.	)	Case No. 6:23-cv-00007
	)	
DEPARTMENT OF HOMELAND	)	
SECURITY, <i>et al.</i> ,	)	
	)	
<i>Defendants.</i>	)	

**DECLARATION OF BLAS NUÑEZ-NETO**

I, Blas Nuñez-Neto, pursuant to 28 U.S.C. § 1746, and based upon my personal knowledge, documents and information made known or available to me from official records and reasonably relied upon in the course of my employment, hereby declare as follows:

1. I am the Acting Assistant Secretary for Border and Immigration Policy as of October 1, 2021. My permanent role is Chief Operating Officer at U.S. Customs and Border Protection (“CBP”), within the U.S. Department of Homeland Security (“DHS”), which I began on March 5, 2021. Since August 24, 2021, I have been concurrently serving as the Vice Chair for the Secretary of Homeland Security’s Southwest Border Taskforce. I previously served at DHS as an Advisor to CBP Commissioner Gil Kerlikowske from January 12, 2015 to January 16, 2017.

2. This Declaration pertains to four parole processes (hereinafter referred to as “CHNV parole processes”) that fall within DHS authority: Implementation of a Parole Process for Haitians, 88 Fed. Reg. 1,243 (Jan. 9, 2023); Implementation of a Parole Process for

Nicaraguans, 88 Fed. Reg. 1,255 (Jan. 9, 2023); Implementation of a Parole Process for Cubans, 88 Fed. Reg. 1,266 (Jan. 9, 2023); and Implementation of Changes to the Parole Process for Venezuelans, 88 Fed. Reg. 1,279 (Jan. 9, 2023).<sup>1</sup>

3. On January 9, 2023, DHS Headquarters, located in Washington, D.C., in conjunction with CBP Headquarters, located in Washington, D.C., CBP's National Targeting Center located in Sterling, Virginia, and U.S. Citizenship and Immigration Services ("USCIS") Headquarters, located in Camp Springs, Maryland, publicized the CHNV parole processes through the Federal Register following a deliberative rulemaking process that occurred throughout Washington, D.C. and Maryland.

4. The CHNV parole processes allow certain eligible nationals of Cuba, Haiti, Nicaragua, and Venezuela, and their immediate family members, to request authorization for advance travel to the United States in order to be considered for a two-year period of parole. The process for each country is described in their corresponding Federal Register notices. As part of the filing process, nationals from Cuba, Haiti, Nicaragua, and Venezuela must have a financial supporter that satisfies specific criteria as outlined by USCIS before they can even make a request for advance travel authorization and ultimately parole into the United States.

5. The process begins when a proposed financial supporter—that is, an individual who commits to provide financial and other forms of support for a potential beneficiary for the duration of their stay in the United States—completes the Form I-134A, "Online Request to be a Supporter and Declaration of Financial Support." Among other things, the proposed financial supporter agrees to the following:

- Receiving, maintaining, and supporting the prospective beneficiary for the duration of

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<sup>1</sup> DHS promulgated a parole process for Venezuelans in October 2022. *See* Implementation of a Parole Process for Venezuelans, 87 Fed. Reg. 63,507 (Oct. 19, 2022).

- temporary stay in the United States (Question 27)
- Ensuring that the prospective beneficiary has safe and appropriate housing for the duration of parole in the United States (Question 28)
- Assisting the prospective beneficiary with access to available services and benefits such as learning English, and securing employment opportunities once authorized to work (Question 29)

The proposed financial supporter then certifies, under penalty of perjury, that he or she provides the requested information “to assure the U.S. Government that the [prospective beneficiary] . . . will be financially supported while in the United States.” *See* Exhibit 1, Form I-134A. The proposed financial supporter further certifies that he or she is “willing and able to receive, maintain, and support the [prospective beneficiary] . . . to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of [the beneficiary’s] temporary stay in the United States.” *Id.*

6. DHS anticipates that many, although not all, beneficiaries arrive to stay with or near their financial supporters in the United States.

7. Once a proposed financial supporter has been confirmed to have the means required to provide the required financial support, the beneficiary begins their filing process. Once a prospective beneficiary has satisfied all of the criteria associated with the beneficiary filing process and clears the multi-layered and robust national security and public safety vetting that is required, he or she receives advance travel authorization to come to the United States to seek parole pursuant to the CHNV parole processes. At this point, the prospective beneficiary must purchase his or her own international airplane ticket to an interior port of entry. The CHNV parole process is not available at land-border ports of entry and has in fact been purposefully designed to reduce irregular migration to our land border. Based on this requirement, any parole that occurs in connection with the CHNV parole processes and within the discretion of CBP must occur at an international airport within the domestic United States.

8. The review of filings occurs for the most part in Washington, D.C., Virginia, and Maryland. More specifically, USCIS Headquarters in Camp Springs, Maryland manages the financial supporter process with the assistance of numerous USCIS employees located throughout the country, including some in San Antonio and Harlingen, who are, in turn, detailed to USCIS Headquarters to review Form I-134A online submissions. Notably, however, none of these detailed USCIS employees are located in the Victoria Division of the Southern District of Texas. As for the advance travel authorization process, CBP Headquarters in Washington, D.C., with assistance from the National Targeting Center in Sterling, Virginia, exclusively manages and adjudicates this process.

**Beneficiaries Paroled into the United States with Supporters Residing in the Southern District of Texas, Victoria Division.**

9. According to the public website for the U.S. District Court, Southern District of Texas, the following counties fall within the Victoria Division: Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, and Victoria.<sup>2</sup> I have reviewed data covering the period of October 18, 2022 through January 31, 2023, collected by DHS and its components, that relates to the location of supporters for beneficiaries who have been paroled into the United States under the CHNV parole processes.<sup>3</sup> This data shows that no confirmed supporters of beneficiaries who have been paroled into the United States reside in any of the counties that fall within the Victoria Division.

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<sup>2</sup> <https://www.txs.uscourts.gov/offices/victoria-division>

<sup>3</sup> The data referenced in this Declaration begins with data pulled from October 18, 2022. This is the date when the Venezuela parole process began. The referenced data ends with January 31, 2023 because the data for February 2023 is incomplete and has yet to mature.

**Beneficiaries Paroled into the United States with Supporters Residing Elsewhere in the Southern District of Texas.**

10. According to the public website for the U.S. District Court, Southern District of Texas, the following counties fall within the Southern District as a whole: Cameron, Willacy (Brownsville Division)<sup>4</sup>, Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, Nueces, San Patricio (Corpus Christi Division)<sup>5</sup>, Brazoria, Chambers, Galveston, Matagorda (Galveston Division)<sup>6</sup>, Austin, Brazos, Colorado, Fayette, Fort Bend, Grimes, Harris, Madison, Montgomery, San Jacinto, Walker, Waller, Wharton (Houston Division)<sup>7</sup>, Jim Hogg, La Salle, McMullen, Webb, Zapata (Laredo Division)<sup>8</sup>, Hidalgo, Starr (McAllen Division)<sup>9</sup>, Calhoun, DeWitt, Goliad, Jackson, Lavaca, Refugio, and Victoria (Victoria Division).

11. The same data, referenced above, shows that: (1) three supporters of beneficiaries who have been paroled into the United States under the CHNV parole processes reside in the Brownsville Division; (2) 18 supporters reside in the Corpus Christi Division; (3) 48 supporters reside in the Galveston Division; (4) 1,466 supporters reside in the Houston Division; (5) six supporters reside in the Laredo Division; (6) 12 supporters reside in the McAllen Division; and (7) as noted above, no supporters reside in the Victoria Division.<sup>10</sup> Accordingly, the available data shows that, overall, 1,553 supporters reside in the Southern District of Texas.

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<sup>4</sup> <https://www.txs.uscourts.gov/offices/brownsville-division>

<sup>5</sup> <https://www.txs.uscourts.gov/offices/corpus-christi-division>

<sup>6</sup> <https://www.txs.uscourts.gov/offices/galveston-division>

<sup>7</sup> <https://www.txs.uscourts.gov/offices/houston-division>

<sup>8</sup> <https://www.txs.uscourts.gov/offices/laredo-division>

<sup>9</sup> <https://www.txs.uscourts.gov/offices/mcallen-division>

<sup>10</sup> The term beneficiary as used in this Declaration includes immediate family members.

**Figure 1:**

County	State	Cuba	Haiti	Nicaragua	Venezuel	Total	District	Division
Cameron	TX	1	0	0	2	3	SDTX	Brownsville
Nueces	TX	1	0	0	3	4	SDTX	Corpus Christi
San Patricio	TX	6	0	0	8	14	SDTX	Corpus Christi
Brazoria	TX	3	1	0	22	26	SDTX	Galveston
Chambers	TX	3	0	1	3	7	SDTX	Galveston
Galveston	TX	0	0	0	14	14	SDTX	Galveston
Matagorda	TX	0	0	0	1	1	SDTX	Galveston
Austin	TX	0	0	0	4	4	SDTX	Houston
Brazos	TX	0	0	0	11	11	SDTX	Houston
Fort Bend	TX	14	4	0	323	341	SDTX	Houston
Harris	TX	170	4	15	795	984	SDTX	Houston
Waller	TX	1	0	0	26	27	SDTX	Houston
Montgomery	TX	3	1	1	94	99	SDTX	Houston
Jim Hogg	TX	0	0	0	2	2	SDTX	Laredo
Webb	TX	1	0	0	3	4	SDTX	Laredo
Hidalgo	TX	3	0	0	7	10	SDTX	McAllen
Starr	TX	0	0	0	2	2	SDTX	McAllen

**Beneficiaries Paroled into the United States with Supporters Residing in the Western District of Texas.**

12. According to the public website for the U.S. District Court, Western District of Texas, the following counties fall within the overall district: Brewster, Culberson, Jeff Davis, Loving, Pecos, Presidio, Reeves, Ward, Winkler (Alpine Division) Bastrop, Blanco, Burleson, Burnet, Caldwell, Gillespie, Hays, Kimble, Lampasas, Lee, Llano, Mason, McCulloch, San Saba, Travis, Washington, Williamson (Austin Division)<sup>11</sup>, Edwards, Kinney, Maverick, Terrell, Uvalde, Val Verde, Zavala (Del Rio Division)<sup>12</sup>, El Paso, Hudspeth (El Paso Division)<sup>13</sup>, Fort Hood Military Reservation (Fort Hood Division)<sup>14</sup>, Andrews, Crane, Ector, Martin, Midland, Upton (Midland/Odessa Division)<sup>15</sup>, ), Atascosa, Bandera, Bexar, Comal, Dimmit, Frio, Gonzales, Guadalupe, Karnes, Kendall, Kerr, Medina, Real and Wilson (San

<sup>11</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#Austin>

<sup>12</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#DelRio>

<sup>13</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#ElPaso>

<sup>14</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#FortHood>

<sup>15</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#MidlandOdessa>

Antonio Division)<sup>16</sup>, Bell, Bosque, Coryell, Falls, Freestone, Hamilton, Hill, Leon, Limestone, McLennan, Milam, Robertson, and Somervell (Waco Division).<sup>17</sup>

13. The available data shows that: (1) one supporter of a beneficiary who has been paroled into the United States under the CHNV parole processes resides in the Alpine Division; (2) 231 supporters reside in Austin Division; (3) no supporters reside in the Del Rio Division; (4) 18 supporters reside in the El Paso Division; (5) no supporters reside in the Fort Hood Division; (6) 103 supporters reside in the Midland/Odessa Division; (7) 106 supporters reside in the San Antonio Division; and (8) 21 supporters reside in the Waco Division.

Accordingly, the available data shows that, overall, 480 supporters reside in the Western District of Texas.

**Figure 2:**

County	State	Cuba	Haiti	Nicaragua	Venezuel	Total	District	Division
Brewster	TX	0	0	0	1	1	WDTX	Alpine
Bastrop	TX	0	0	0	8	8	WDTX	Austin
Caldwell	TX	0	0	0	1	1	WDTX	Austin
Gillespie	TX	0	0	0	2	2	WDTX	Austin
Hays	TX	0	2	3	8	13	WDTX	Austin
Llano	TX	0	0	0	4	4	WDTX	Austin
Travis	TX	26	0	2	115	143	WDTX	Austin
Williamson	TX	11	1	0	48	60	WDTX	Austin
El Paso	TX	4	1	0	13	18	WDTX	El Paso
Ector	TX	28	0	0	12	40	WDTX	Midland
Midland	TX	6	0	0	57	63	WDTX	Midland
Bexar	TX	14	1	0	78	93	WDTX	San Antonio
Comal	TX	3	0	0	2	5	WDTX	San Antonio
Guadalupe	TX	3	1	0	3	7	WDTX	San Antonio
Wilson	TX	1	0	0	0	1	WDTX	San Antonio
Bell	TX	1	0	1	15	17	WDTX	Waco
Bosque	TX	0	0	0	1	1	WDTX	Waco
Hill	TX	0	0	0	1	1	WDTX	Waco
McLennan	TX	0	0	0	1	1	WDTX	Waco
Robertson	TX	0	0	0	1	1	WDTX	Waco

<sup>16</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#SanAntonio>

<sup>17</sup> <https://www.txwd.uscourts.gov/court-information/office-locations/#Waco>



**Beneficiaries Paroled into the United States with Supporters Residing in the Northern District of Texas.**

14. According to the public website for the U.S. District Court, Northern District of Texas, the district has the following divisions: Abilene, Amarillo, Dallas, Fort Worth, Lubbock, San Angelo, and Wichita Falls.<sup>18</sup> The available data shows that 357 supporters of beneficiaries paroled into the United States under the CHNV parole processes reside in the Northern District of Texas.

**Figure 3:**

County	State	Cuba	Haiti	Nicaragua	Venezuel	Total	District	Division
Eastland	TX	0	0	0	1	1	NDTX	Abilene
Howard	TX	2	0	0	0	2	NDTX	Abilene
Taylor	TX	0	0	0	1	1	NDTX	Abilene
Randall	TX	0	0	0	3	3	NDTX	Amarillo
Dallas	TX	26	0	0	153	179	NDTX	Dallas
Ellis	TX	0	2	0	4	6	NDTX	Dallas
Hunt	TX	0	0	0	3	3	NDTX	Dallas
Johnson	TX	3	0	0	10	13	NDTX	Dallas
Kaufman	TX	0	0	0	10	10	NDTX	Dallas
Rockwall	TX	1	0	0	7	8	NDTX	Dallas
Tarrant	TX	28	2	0	84	114	NDTX	Fort Worth
Parker	TX	0	0	0	8	8	NDTX	Fort Worth
Lubbock	TX	2	0	0	2	4	NDTX	Lubbock
Wichita	TX	0	0	0	5	5	NDTX	Wichita Falls

**Beneficiaries Paroled into the United States with Supporters Residing in the Eastern District of Texas.**

15. According to the public website for the U.S. District Court, Eastern District of Texas, the district has the following divisions: Beaumont, Lufkin, Marshall, Sherman, Texarkana, and Tyler.<sup>19</sup> The available data shows that 374 supporters of beneficiaries paroled into the United States under the CHNV parole processes reside in the Eastern District of Texas.

<sup>18</sup> <https://www.txnd.uscourts.gov/court-info>

<sup>19</sup> <https://txed.uscourts.gov/>

**Figure 4:**

County	State	Cuba	Haiti	Nicaragua	Venezuel	Total	District	Division
Jefferson	TX	4	0	2	3	9	EDTX	Beaumont
Liberty	TX	0	0	0	1	1	EDTX	Beaumont
Orange	TX	0	0	0	4	4	EDTX	Beaumont
Collin	TX	2	0	0	158	160	EDTX	Sherman
Denton	TX	1	0	1	179	181	EDTX	Sherman
Grayson	TX	0	0	0	6	6	EDTX	Sherman
Bowie	TX	0	0	0	1	1	EDTX	Texarkana
Anderson	TX	0	0	0	3	3	EDTX	Tyler
Gregg	TX	0	0	0	7	7	EDTX	Tyler
Smith	TX	0	0	0	1	1	EDTX	Tyler
Van Zandt	TX	0	0	0	1	1	EDTX	Tyler

### CONCLUSION

16. Based on the above, I can confirm that no policy drafting efforts, Federal Register Notice publications, process implementation, decisions confirming supporters or issuing advance authorization to travel, or supporter locations where beneficiaries are likely to stay have any evident connection to the Victoria Division of the Southern District of Texas. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge, information, and belief. Executed on this 18<sup>th</sup> day of February, 2023.




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Blas Nuñez-Neto  
Acting Assistant Secretary  
Border and Immigration Policy  
Vice Chair, Southwest Border Taskforce  
U.S. Department of Homeland Security



## Online Request to be a Supporter and Declaration of Financial Support

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-134A

► **START HERE - Type or print in black ink.**

### Part 1. Basis for Filing

1. I am filing this form on behalf of: ☐ Myself as the beneficiary. ☐ Another individual who is the beneficiary.
2. I am filing this form under one of the following:

### Part 2. Information about the Beneficiary

Complete **Part 2**, regardless of whether you are filing this form on behalf of yourself as the beneficiary or on behalf of another individual who is the beneficiary.

1. Beneficiary's Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name)

Given Name (First Name)

Middle Name




2. Other Names Used

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Family Name (Last Name)

Given Name (First Name)

Middle Name




3. Date of Birth (mm/dd/yyyy)

4. Sex

☐ M ☐ F ☐ X

5. Alien Registration Number (A-Number)

► A-

6. Place of Birth

City or Town

State or Province

Country

7. Country of Citizenship or Nationality

8. Passport Number of the beneficiary's most recently issued passport

Country that issued the most recently issued passport

Expiration date for the most recently issued passport

(mm/dd/yyyy)

9. Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Legally Separated ☐ Marriage Annulled

☐ Other (Explain):

**Part 2. Information about the Beneficiary (continued)****10. Beneficiary's Mailing Address**

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**11. Are the beneficiary's mailing address and physical address the same?**
☐ Yes ☐ No
If you answered "No" to **Item Number 11.**, provide your physical address in **Item Number 12.****12. Beneficiary's Physical Address**

In Care Of Name

Street Number and Name (Do **not** provide a PO Box in this space unless it is your **ONLY** address.)

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

**13. Beneficiary's Daytime Telephone Number**

**14. Beneficiary's Mobile Telephone Number (if any)**

**15. Beneficiary's Email Address (if any)**

**Beneficiary's Anticipated Length of Stay****16. Beneficiary's Anticipated Period of Stay in the United States**

From (mm/dd/yyyy)

To (select one):

☐ (mm/dd/yyyy)

☐ No End Date

**Part 2. Information about the Beneficiary (continued)****Beneficiary's Financial Information**

Provide information about the beneficiary's income and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information**.

**Beneficiary's Income**

17. Provide all of the information requested in the table below about the beneficiary, all of the beneficiary's dependents, and any other individuals the beneficiary financially supports (do not include any individuals named in **Part 3.**). Information about assets that are not based on employment should be added in **Item Number 22.** and not in **Item Number 17.**

Individual's Full Name (First, Middle, Last) (do not include any individuals named in <b>Part 3.</b> )	Date of Birth (mm/dd/yyyy)	Relationship to the Beneficiary (Type or print "Self" if you are filing for yourself as the beneficiary or "Beneficiary" if someone is agreeing to support you in <b>Part 3.</b> )	Income contribution to the beneficiary annually (if none, type or print \$0)
			\$
			\$
			\$
			\$
			\$
Total Number of Dependents			
Total Income			\$

18. Does any of the beneficiary's total income (including income from dependents and other individuals who contribute to the beneficiary's income, excluding any individuals named in **Part 3.**) come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? ☐ Yes ☐ No
19. If you answered "Yes" to **Item Number 18.**, what amount of the beneficiary's total income comes from an illegal activity or source? (Type or print "N/A" if you answered "No" to **Item Number 18.**) \$
20. Does any of the beneficiary's total income come from means-tested public benefits as defined in 8 CFR 213a.1? ☐ Yes ☐ No
21. If you answered "Yes" to **Item Number 20.**, what amount of the beneficiary's total income comes from means-tested public benefits? \$



**Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)**

5. Is your current mailing address the same as your current physical address? ☐ Yes ☐ No

If you answered "No" to **Item Number 5.**, provide your current physical address in **Item Numbers 6.**

6. Physical Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐


City or Town

State

ZIP Code

Province

Postal Code

Country

**Other Information**

7. Date of Birth (mm/dd/yyyy)

8. Sex ☐ M ☐ F ☐ X

9. Place of Birth

City or Town

State or Province

Country

10. Alien Registration Number (A-Number)

▶ A-

11. USCIS Online Account Number

▶

12. Social Security Number

▶

13. What is your relationship to the beneficiary?

**Immigration Status**

14. What is your current immigration status? Provide documentation as provided in the instructions.

☐ U.S. Citizen

☐ U.S. National

☐ Lawful Permanent Resident

☐ Nonimmigrant Form I-94 Arrival-Departure Record Number

▶

Other (Explain):

**Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)**
**Employment Information**
**15. Employment Status**

- ☐ Employed (full-time, part-time, seasonal, self-employed)
 ☐ Unemployed or Not Employed
 ☐ Retired  
☐ Other (Explain):

If you indicated that you are employed in **Item Number 15.**, provide the information requested in **Item Numbers 16. - 17.**

**16. A. ☐ I am currently employed as a/an**

Name of Employer


**B. ☐ I am currently self-employed as a/an**

**17. Current Employer's Address**

Street Number and Name

Apt. Ste. Flr. Number



City or Town

State

ZIP Code

Province

Postal Code

Country

**Financial Information**

Provide information about your income and assets. If you need additional space to complete any **Item Number** in this section, use the space provided in **Part 8. Additional Information**.

**Income**

- 18.** Provide all of the information requested in the table below about yourself, all of your dependents, and any other individuals you financially support (do not include any individuals named in **Part 2.**). Information about assets that are not based on employment should be added in **Item Number 23.** and not in **Item Number 18.**

Full Name (First, Middle, Last) (do not include any individuals named in <b>Part 2.</b> )	Date of Birth (mm/dd/yyyy)	Relationship to the Individual Agreeing to Financially Support (Type or print "Self" for Individual Agreeing to Financially Support the Beneficiary)	Income Contribution to the Beneficiary Annually (if none, type or print \$0)
			\$
			\$
			\$
			\$
			\$
Total Number of Dependents			
Total Income			\$



**Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)**

19. Does any of the income listed above come from an illegal activity or source (such as proceeds from illegal gambling or illegal drug sales)? ☐ Yes ☐ No
20. If you answered "Yes" to **Item Number 19.**, what amount of income comes from an illegal activity? (Type or print "N/A" if you answered "No" to **Item Number 19.**) \$
21. Does any of the income listed above come from means-tested public benefits as defined in 8 CFR 213a.1? ☐ Yes ☐ No
22. If you answered "Yes" to **Item Number 21.**, what amount of income is from means-tested public benefits? \$

**Assets**

23. Fill out the table below regarding the assets available to **you** (do not include any assets from any individuals named in **Part 2.**). Attach evidence showing you have these assets.

Full Name of Asset Holder (you or your household member)	Type of Asset	Amount (Cash Value) (U.S. dollars)
TOTAL (U.S. dollars) \$		

**Financial Responsibility for Other Beneficiaries**

24. Have you previously submitted a Form I-134A on behalf of a person other than the beneficiary named in **Part 2**? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 24.**, provide the information requested in **Item Numbers 25. - 26.** If you need additional space to complete this section, use the space provided in **Part 8. Additional Information.**

25. Person 1

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

A-Number  Date Submitted (mm/dd/yyyy)

▶ A-

26. Person 2

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

A-Number  Date Submitted (mm/dd/yyyy)

▶ A-

**Part 3. Information About the Individual Agreeing to Financially Support the Beneficiary Named in Part 2. (continued)**

***Intent to Provide Specific Contributions to the Beneficiary***

27. You are responsible for receiving, maintaining, and supporting the beneficiary for the duration of their temporary stay in the United States. Describe the resources you plan to use or provide to ensure the beneficiary has adequate financial support to cover their basic living needs.


28. You are responsible for ensuring that the beneficiary has safe and appropriate housing for the duration of their parole in the United States. Describe how you will ensure that the beneficiary's housing needs are met, including where the beneficiary will reside during their temporary stay in the United States, if known.


29. You are responsible for assisting the beneficiary's access to available services and benefits such as learning English, securing employment opportunities once authorized to work, enrolling children in school, and helping to enroll for benefits for which they are eligible. Describe what steps you plan to take as part of these responsibilities.


S U B M I T

**Part 4. Statement, Contact Information, Certification, and Signature of the Beneficiary (Only complete this section if Part 1. Basis for Filing selection is "Myself as the beneficiary", otherwise continued to Part 5.)**

If you are the beneficiary and are filing Form I-134A on your own behalf, complete and sign **Part 4**.

**NOTE:** Read the **Penalties** section of the Form I-134A Instructions before completing this section.

***Beneficiary's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the beneficiary, certify the following:

- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
- B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent and I understood everything.

2. ☐ At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.

***Beneficiary's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my declaration;
- 2) I understood all of the information contained in, and submitted with, my declaration; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.

That this declaration is made by me to assure the U.S. Government that I will be able to financially support myself while in the United States.

That I am willing and able to pay for necessary expenses for the duration of my temporary stay in the United States.

***Beneficiary's Signature***

3. Beneficiary's Signature

Date of Signature (mm/dd/yyyy)



## Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary

If you are filing Form I-134A on behalf of someone else (the beneficiary listed in **Part 2.**), complete and sign **Part 5.**

**NOTE:** Read the Penalties section of the Form I-134A Instructions before completing this section.

### Statement of Individual Agreeing to Financially Support the Beneficiary

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. I, as the individual agreeing to financially support the beneficiary, certify the following:
  - A. ☐ I can read and understand English, and I have read and understand every question and instruction on this declaration and my answer to every question.
  - B. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this declaration and my answer to every question in , a language in which I am fluent and I understood.
2. ☐ At my request, the preparer named in **Part 7.**, , prepared this declaration for me based only upon information I provided or authorized.

### Contact Information of Individual Agreeing to Financially Support the Beneficiary

3. Daytime Telephone Number
4. Mobile Telephone Number (if any)
5. Email Address (if any)

### Certification of Individual Agreeing to Financially Support the Beneficiary

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the Department of State may require that I submit original documents to USCIS or the Department of State at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or the Department of State may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this declaration, in supporting documents, and in my USCIS or the Department of State records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my declaration;
- 2) I understood all of the information contained in, and submitted with, my declaration; and
- 3) All of this information was complete, true, and correct at the time of filing.

**Part 5. Statement, Contact Information, Certification, and Signature of the Individual Agreeing to Financially Support the Beneficiary (continued)**

I certify, under penalty of perjury, that I provided or authorized all of the information in my declaration, I understand all of the information contained in, and submitted with, my declaration, and that all of this information is complete, true, and correct.

That this declaration is made by me to assure the U.S. Government that the person named in **Part 2.** will be financially supported while in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2.** to better ensure that such persons will have sufficient financial resources or financial support to pay for necessary expenses for the period of his or her temporary stay in the United States.

I acknowledge that I have read this section, and I am aware of my responsibilities as an individual agreeing to financially support the beneficiary.

**Signature of Individual Agreeing to Financially Support the Beneficiary**

6. Signature Date of Signature (mm/dd/yyyy)

➔

**NOTE TO ALL INDIVIDUALS AGREEING TO FINANCIALLY SUPPORT THE BENEFICIARY:** If you do not completely fill out this declaration or if you fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny or not consider your declaration.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

3. Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Part 6. Interpreter's Contact Information, Certification, and Signature (continued)****Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and  which is the same language specified in **Part 4.** or in **Part 5, Item B.** in **Item Number 1.**, and I have read to this individual agreeing to financially support the beneficiary in the identified language every question and instruction on this declaration and his or her answer to every question. The individual agreeing to financially support the beneficiary informed me that he or she understands every instruction, question, and answer on the declaration, including the **Certification of the Individual Agreeing to Financially Support the Beneficiary**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt. Ste. Flr. Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number
6. Preparer's Email Address (if any)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Declaration, if Other Than the Individual Agreeing to Financially Support the Beneficiary (continued)**

***Preparer's Statement***

7. A. ☐ I am not an attorney or accredited representative but have prepared this declaration on behalf of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) and with that individual's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) in this case ☐ extends ☐ does not extend beyond the preparation of this declaration.

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this declaration at the request of the individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself). The individual agreeing to financially support the beneficiary (which is the beneficiary if filing on behalf of him or herself) then reviewed this completed declaration and informed me that he or she understands all of the information contained in, and submitted with, his or her declaration, including the **Certification of the Individual Agreeing to Financially Support the Beneficiary**, and that all of this information is complete, true, and correct. I completed this declaration based only on information that the individual agreeing to financially support the beneficiary provided to me or authorized me to obtain or use.

***Preparer's Signature***

8. Preparer's Signature Date of Signature (mm/dd/yyyy)
- |  |  |
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|  |  |
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**Part 8. Additional Information**

If you need extra space to provide any additional information within this declaration, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this declaration or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number ► A-

3. A. Page Number  B. Part Number  C. Item Number

D.

SAMPLE

4. A. Page Number  B. Part Number  C. Item Number

D.

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5. A. Page Number  B. Part Number  C. Item Number

D.

SUBMIT

6. A. Page Number  B. Part Number  C. Item Number

D.